


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000079703 (9)**  
1. Corporation Name

**CHRISTIAN LEE, P.A.**



Principal Place of Business <b>540 BRICKELL KEY DRIVE, #1207 MIAMI FL 33131</b>	Mailing Address <b>540 BRICKELL KEY DRIVE, #1207 MIAMI FL 33131</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/01/1997</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0782250</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>INCORPORATORS PLUS, INC. 1214 N. UNIVERSITY DRIVE PLANTATION FL 33322</b>				10. Name and Address of New Registered Agent	
				81	Name <b>Christian R. Lee</b>
				82	Street Address (P.O. Box Number is Not Acceptable) <b>540 Brickell Key Dr. #1207</b>
				83	
				84	City <b>Miami</b>
				85	Zip Code <b>33131</b>

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

*Christian R. Lee*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**7/28/98**  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEE, CHRISTIAN</b>	1.2 NAME	
STREET ADDRESS	<b>540 BRICKELL KEY DRIVE, #1207</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>800002624988</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>-08/26/98--01004--028</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>***150.00</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Christian R. Lee*  
Signature

**7/28/98 (305) 773-2813**

CR2E034 (5/98)

August 13, 1998

Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-150

RE: Christian Lee, P.A.  
FEI #: 65-0782250

To whom it may concern:

Enclosed please find my annual report for 1998.

I realize that this report is being mailed with a second notification, however, I am hoping that you will consider waiving my late fee for the following reasons.

- I do not believe I received my first notification.
- This is my first year officially in business and I did not realize that I should have been watching out for the first notification.
- I am a one-person company and am somewhat overwhelmed by the level of new responsibilities involved with owning my own business.
- I cannot afford to pay the late fee.

I have discussed this with someone from the Division and she indicated that you may choose to waive my fee after hearing the reasons why my report is late. I have enclosed a check for \$150 and hope that this is sufficient.

Thank you for any consideration you may give to my predicament.

Very truly yours,



Christian Lee